

# Office of the Attorney General

## Vendor Performance Form

**Instructions:** In accordance with 34TAC §20.108, the OAG is required to report vendor performance on any purchase of \$25,000 or more processed through the OAG's Procurement Division. Divisions are therefore requested to submit this form for the specific items or services requested by the Procurement Division. All information submitted will be reviewed and submitted to the Comptroller of Public Accounts' Vendor Performance System. Please note: All vendor performance information will be maintained in the Procurement Division and a copy of the vendor performance information will be forwarded to the vendor for their records.

**Submitted by:**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Division Name:** \_\_\_\_\_ **Division No.:** \_\_\_\_\_  
**Title:** \_\_\_\_\_

1. **Contract Type:** (Check only One): ☐ Commodity Purchase or ☐ Service Purchase

2. **Procurement Type:**

☐ CPA Open Market ☐ CPA Term Contract ☐ CISV ☐ Schedule  
☐ TXMAS ☐ Delegated ☐ Exempt ☐ CPA Blanket/Other

**CPA/Agency Purchase  
Order No.**

**Requisition No  
(Solicitation)**

**PO Date  
(mm/dd/yyyy):**

**Class/Item or  
Contract ID**

3. **Vendor Information:**

VID \_\_\_\_\_  
Vendor Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_

Address1 \_\_\_\_\_  
Address2 \_\_\_\_\_  
City, St, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_

4. **Delivery** – (Note: You must enter a Resolution Code (see below) if any Delivery Issues are checked.)

☐ (005) Late Delivery ☐ (006) 1st Written notice issued for late delivery  
☐ (007) 2nd Written notice issued for late delivery ☐ (008) Failure to deliver  
☐ (010) Delivery made at wrong destination

5. **Performance Issues** (Note: You must enter a Resolution Code (see below) if any Performance Issues are checked.)

- |  |  |
|--|--|
| <input type="checkbox"/> (014) Failure to identify shipments per contract terms  | <input type="checkbox"/> (095) Failure to supply performance bond within required time         |
| <input type="checkbox"/> (016) Short/over weight or count                        | <input type="checkbox"/> (100) Unsatisfactory installation                                     |
| <input type="checkbox"/> (018) Vendor shipped incorrect merchandise              | <input type="checkbox"/> (102) Service not performed within specifications                     |
| <input type="checkbox"/> (020) Failure to replace damaged goods                  | <input type="checkbox"/> (110) Incorrect invoices  |
| <input type="checkbox"/> (021) Slow replacement of damaged goods                 | <input type="checkbox"/> (111) Failed inspection (CPA use only)                                |
| <input type="checkbox"/> (022) Failure to pick up incorrect shipment             | <input type="checkbox"/> (113) Failure to comply with T&C's of contract (Give details below)   |
| <input type="checkbox"/> (023) Improper product packaging                        | <input type="checkbox"/> (114) Failure to comply with requirements of HSP (Give details below) |
| <input type="checkbox"/> (024) Failure to follow palletizing instructions        | <input type="checkbox"/> (120) Failure to provide proof of insurance or maintain insurance     |
| File & Serve Xpress LLC  | <input type="checkbox"/> (121) Failure to provide report(s)                                    |
| (038) Poor product performance   | <input type="checkbox"/> (122) Misrepresentation of qualifications (Give details below)        |
| <input type="checkbox"/> (040) Failure to promptly notify Agency re manufacturer | <input type="checkbox"/> (123) Falsification of/fraudulent submittals (Give details below)     |
| <input type="checkbox"/> (041) discontinuation of an item                        | <input type="checkbox"/> (124) Failure of workforce to meet specifications                     |
| <input type="checkbox"/> (042) Repair parts not available                        |  |

<input type="checkbox"/> (050) Inspection - Random (CPA use only) <input type="checkbox"/> (051) Inspection - Requested (CPA use only) <input type="checkbox"/> (052) Inspection - Receiving Agency <input type="checkbox"/> (083) Failure to meet specifications (Give details below) <input type="checkbox"/> (085) Poor product quality <input type="checkbox"/> (087) Failure to respond to letter, phone call, or email <input type="checkbox"/> (090) Poor customer service (Give details below)	<input type="checkbox"/> (125) Incorrect allocation of work (Give details below) <input type="checkbox"/> (126) Failure to respond to emergencies as required (Give details below) <input type="checkbox"/> (127) Failure to close out project as specified <input type="checkbox"/> (128) Certification not received on time <input type="checkbox"/> (129) Failure to comply with code of conduct as specified <input type="checkbox"/> (130) Other (Give details below)
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**6. Resolution Codes** - Please enter at least one Resolution Code for the Delivery or Performance issues selected above.

<b>Satisfactory Resolution Codes</b> <b>(Does not negatively effect the score(s))</b> <input type="checkbox"/> (202) Complaint withdrawn (Give reason below) <input type="checkbox"/> (205) Item met specification via inspection <input type="checkbox"/> (207) Delivery made after vendor was notified <input type="checkbox"/> (208) Service met specifications <input type="checkbox"/> (209) Performance corrected <input type="checkbox"/> (210) Material or item replaced <input type="checkbox"/> (212) Equipment performance corrected <input type="checkbox"/> (217) Performance bond received <input type="checkbox"/> (220) Invoice corrected <input type="checkbox"/> (230) Item canceled from contract (No fault of vendor) <input type="checkbox"/> (236) Entire contract canceled (No fault of vendor) <input type="checkbox"/> (249) Order completed <input type="checkbox"/> (251) Correct shipment received <input type="checkbox"/> (255) Substitution approved by awarding agency <input type="checkbox"/> (256) Insurance requirements received <input type="checkbox"/> (258) Certification received <input type="checkbox"/> (259) Resolved and documented (No fault of vendor - Give reason below) <input type="checkbox"/> (260) Vendor failed to receive purchase order on time (Agency or postal fault) <input type="checkbox"/> (299) Other (Give reason below)	<b>Unsatisfactory Resolution Codes</b> <b>(Negatively effects the score(s))</b> <input type="checkbox"/> (201) Late Delivery <input type="checkbox"/> (206) Vendor failed to receive purchase order on time <input type="checkbox"/> (211) Damages Assessed <input type="checkbox"/> (213) Failure to pay assessed damages <input type="checkbox"/> (225) Shipment rejected (Give reason below) <input type="checkbox"/> (228) Item canceled from contract (Vendor failure-vendor initiated) <input type="checkbox"/> (229) Item canceled from contract (Vendor failure-state initiated) <input type="checkbox"/> (235) Entire contract canceled (Vendor fault) <input type="checkbox"/> (237) Damages paid <input type="checkbox"/> (253) Performance not corrected, CPA action taken (CPA use only - give reason below) <input type="checkbox"/> (262) Order not complete (Give reason below) <input type="checkbox"/> (263) Manufacturer fault (Give reason below) <input type="checkbox"/> (264) Resolved and documented (Vendor fault -give reason below) <input type="checkbox"/> (265) Substitution not approved by awarding agency <input type="checkbox"/> (266) Item/entire order cancelled (Vendor fault) <input type="checkbox"/> (267) Delivery not corrected by vendor <input type="checkbox"/> (268) Hub Subcontracting plan rejected <input type="checkbox"/> (269) Failure to provide required documentation (vendor fault) <input type="checkbox"/> (270) Vendor Failed to Respond to Complaint <input type="checkbox"/> (298) Other (Give reason below)
Resolution Date (insert mm/dd/yyyy):	

**7. Exceptional Performance** - Please enter a detailed explanation of the exceptional performance.

<input type="checkbox"/> (301) Shipment made early upon agency request <input type="checkbox"/> (303) Product upgrade substitution suggested and accepted at no additional cost to the agency <input type="checkbox"/> (305) Exceptional customer service response <input type="checkbox"/> (307) Exceptional service provided for return of products	<input type="checkbox"/> (309) Provided technical/training/set-up assistance when not required <input type="checkbox"/> (311) Voluntary Price reduction for large order <input type="checkbox"/> (399) Vendor commended
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**8. Detailed Explanation** (Please be specific)

**9. Resolution Comment**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_